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## **BIB DATA SHEET**

## **CONFIRMATION NO. 2290**

APPLICANTS	SERIAL NUM	MBER FILING or 371(c)			CLASS	GROUP ART UNIT			ATTORNEY DOCKET		
APPLICANTS WENDA C. CARLYLE, VADNAIS HEIGHTS, MN; SHEILA J. KELLY, VADNAIS HEIGHTS, MN; MATTHEW F. OGLE, SAINT PAUL, MN;  ****CONTINUING DATA **********************************	09/186,81				623	3774		<b>NO.</b> S16.12-0052			
WENDA C. CARLYLE, VADNAIS HEIGHTS, MN; SHEILA J. KELLY, VADNAIS HEIGHTS, MN; MATTHEW F. OGLE, SAINT PAUL, MN;  ***CONTINUING DATA **********************************		RULE									
This application is a CIP of 09/014,087 01/27/1998 ABN  ***FOREIGN APPLICATIONS ************************************	WENDA C. CARLYLE, VADNAIS HEIGHTS, MN; SHEILA J. KELLY, VADNAIS HEIGHTS, MN;										
** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **  11/25/1998  Foreign Priority claimed											
FILING FEE RECEIVED 1028  Foreign Priority claimed   Yes No   Yes No   Met after Allowance   Yes No   Yerifide and Acknowledged   Yes No   Yes No   Yerifide and Acknowledged   Yes No   Ye	** FOREIGN APPLICATIONS ************************************										
ADDRESS  WESTMAN CHAMPLIN & KELLY, P.A. SUITE 1400 900 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55402 UNITED STATES  TITLE  MEDICAL DEVICES WITH ASSOCIATED GROWTH FACTORS  FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT 1028  FEES: Authority has been given in Paper No for following:    Met after Allowance Allowance Allowance Allowance MN	** <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 11/25/1998										
Verified and Acknowledged PAUL B PREBILIC/ Examiner's Signature Initials MN 7 27 2  ADDRESS  WESTMAN CHAMPLIN & KELLY, P.A. SUITE 1400 900 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55402 UNITED STATES  TITLE  MEDICAL DEVICES WITH ASSOCIATED GROWTH FACTORS  FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:    All Fees	ů ,			ftor							
Acknowledged Examiner's Signature Initials MN / 27 2  ADDRESS  WESTMAN CHAMPLIN & KELLY, P.A. SUITE 1400 900 SECOND AVENUE SOUTH MINNEAPOLIS, MN 55402 UNITED STATES  TITLE  MEDICAL DEVICES WITH ASSOCIATED GROWTH FACTORS  FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:    All Fees   1.16 Fees (Filing)     1.17 Fees (Processing Ext. of time)     1.18 Fees (Issue)     Other Other     Other Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other     Other	` '			ance		DRA 					
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FILING FEE RECEIVED 1028 FEES: Authority has been given in Paper No							☐ All Fees				
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